

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N34028

Entity Name: FRESH MINISTRIES, INC.

Current Principal Place of Business:

1131 N LAURA ST
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1131 N LAURA ST
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-2967898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GROB, BRUCE R DR
1131 N LAURA ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: LEE III, ROBERT V DR
Address: 1311 WENTWORTH AVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: DVC () Delete
Name: GROB, BRUCE R DR
Address: 12871 MEAD LANDING CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS () Delete
Name: MEAD, NADIA L
Address: WESTMINSTER WOODS A-9, SR 13
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: GUNN, MARSHALL D
Address: 4887 BELFORT ROAD, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: LEE, KAREN K
Address: 1950 UNIVERSITY BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FLANAGAN, TIMOTHY
Address: 96026 AZALEA LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN K. LEE

T

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date